



Golden State Risk Management Authority

Post Office Box 706
Willows, CA 95988

Member Expense Form – January 2025

Claimant Name: _____
 Member Entity: _____
 Member Entity Address: _____
 Meeting or Committee: _____
 Date of Meeting: _____
 Location of Meeting: _____

Meals

Per Diem Maximum:	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
	\$16.00	\$19.00	\$28.00	\$63.00
Date				
Date				
Date				

Payable to
Member Entity

Total Meals: \$ _____
 Private Car:
 # Miles _____ x \$0.70 \$ _____
(Mileage rate as of 1/1/2025)
 Car Rental: \$ _____
 Air, Bus, or Train Fare: \$ _____
 Lodging: \$ _____
 Taxi: \$ _____
 Bridge Tolls: \$ _____
 Parking Fees: \$ _____
 Incidental Expenses: \$ _____
 Total Payable to Member Entity: \$ _____

Signature

Date

Return to: Post Office Box 706, Willows, California 95988